MULTIPLE DE ... NDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

		SERIAL NO.	FILING DATE
		APPLICANT(S)	10/563839

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6	1						56						
7		1					57						
8		1					58						
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43							93						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	4						TOTAL DEP.						
TOTAL CLAIMS	5						TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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